

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RETIREMENT PLAN</u></p> <p><u>P O BOX 71337</u> <u>MADISON HEIGHTS, MI 48071</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/1969</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>38-6233909</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>586-575-9200</u></p> <p><b>2d</b> Business code (see instructions) <u>238210</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/06/2025	E. CRAIG YOUNG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>		1814
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>		865
<b>6a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>		879
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>		281
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>		600
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b>	<b>6d</b>		1760
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>		78
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>	<b>6f</b>		1838
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>		99

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4L 4H

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor		
(4) <input type="checkbox"/> General assets of the sponsor			

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)			

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RET</u>	<b>D</b> Employer Identification Number (EIN) <u>38-6233909</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 02 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>70271039</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>73930456</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>84108985</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>72166117</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>141554272</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>5050655</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>2514928</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>2550515</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>  Signature of actuary <u>KATHRYN GARRITY, FSA, EA, MAAA</u>  Type or print name of actuary <u>UNITED ACTUARIAL SERVICES, INC.</u>  Firm name <u>11590 N MERIDIAN STREET</u> <u>SUITE 610</u> <u>CARMEL, IN 46032</u>  Address of the firm	<u>09/05/2025</u>  Date <u>23-05379</u>  Most recent enrollment number <u>317-580-8668</u>  Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....			<b>6a</b>	2.83 %		
	Pre-retirement		Post-retirement			
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:						
(1) Males .....	<b>6c(1)</b>	A	A			
(2) Females .....	<b>6c(2)</b>	AF	AF			
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.25 %	7.25 %			
<b>e</b> Salary scale .....	<b>6e</b>	%	<input checked="" type="checkbox"/> N/A			
<b>f</b> Withdrawal liability interest rate:						
(1) Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.25 %				
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.7 %				
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	4.5 %				
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input checked="" type="checkbox"/> N/A				
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%				
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	311580				
(3) If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>				

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1471898	153070
3	9389441	976455

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	1398694

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
<b>9c(1)</b>	32122869	4387220
<b>9c(2)</b>		
<b>9c(3)</b>		

**d** Interest as applicable on lines 9a, 9b, and 9c.....

<b>9d</b>	419478
<b>9e</b>	6205392

**e** Total charges. Add lines 9a through 9d.....  
**Credits to funding standard account:**

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

<b>9f</b>	20461752
<b>9g</b>	7954628

**h** Amortization credits as of valuation date.....

	Outstanding balance	
<b>9h</b>	1482588	391824

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

<b>9i</b>	1800239
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**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit .....

<b>9j(1)</b>	38286935	
<b>9j(2)</b>	57037654	
<b>9j(3)</b>		

- k (1)** Waived funding deficiency .....
- (2)** Other credits .....

<b>9k(1)</b>	
<b>9k(2)</b>	

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	30608443
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	24403051
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
  - (a) Reconciliation outstanding balance as of valuation date .....
  - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

<b>9o(1)</b>	
<b>9o(2)(a)</b>	
<b>9o(2)(b)</b>	
<b>9o(3)</b>	

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	0
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<b>A</b> Name of plan <b>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RET</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6233909</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>PUTNAM INVESTMENTS</b>	<b>P O BOX 219697 KANSAS CITY, MO 64121</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>AMERICAN REALTY ADVISORS</b>	<b>801 N BRAND BLVD 800 GLENDALE, CA 91203</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BAIRD FUNDS</b>	<b>38-6246264</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>MCMORGAN &amp; COMPANY</b>	<b>ONE FRONT ST SAN FRANCISCO, CA 94111</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CARLYLE GROUP

1001 PENNSYLVANIA AVE, NW  
WASHINGTON, DC 20004

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ENTRUST PARTNERS, LLC

375 PARK AVE, 24TH FL  
NEW YORK, NY 10152

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ISHARES MSCI ACWI-BLACKROCK

39533 WOODWARD AVE  
BLOOMFIELD HILLS, MI 48304

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HAMILTON LANE

ONE PRESIDENTIAL BLVD, 4TH FL  
BALA CYNWYD, PA 19004

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN REAL ESTATE

520 MADISON AVE., 27TH FL  
NEW YORK, NY 10022

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP

23-1945930

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDEN TREE OFFSHORE FD

300 PARK AVE.  
NEW YORK, NY 10022

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TOWNSEND REAL ESTATE ALPHA FUND

1255 BROAD ST  
1ST FLOOR  
CLIFTON, NJ 07013

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED ACTUARIAL SERVICES INC.

11590 MERIDIAN ST, STE 610  
CARMEL, IN 46032

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	23000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY

34901 WOODWARD, 300  
BIRMINGHAM, MI 48009

94-1671384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WATKINS PAWLICK CALATI & PRIFTI, PC

1423 E 12 MILE RD  
MADISON HEIGHTS, MI 48071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10407	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COMERICA BANK

PO BOX 75000  
DETROIT, MI 48275

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 59 62 72 50	NONE	20943	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MCCLAIN SMITH & WENZ PC

6915 ROCHESTER RD, 100  
TROY, MI 48084

38-3382520

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR OF PARENT ORGANIZ	39173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

E CRAIG YOUNG

P O BOX 71337  
MADISON HEIGHTS, MI 48071

38-6233909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE (WAGES PAID)	52068	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DENISE GIPSON

P O BOX 71337  
MADISON HEIGHTS, MI 48071

38-6233909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE (WAGES PAID)	44498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SOLXSYS ADMINISTRATIVE SOLUTIONS

56 NEW KING ST  
TROY, MI 48098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

<b>A</b> Name of plan <u>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RET</u>	<b>D</b> Employer Identification Number (EIN) <u>38-6233909</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA INC</u>		
<b>c</b> EIN-PN <u>38-2217511-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2470394</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>02/01/2024</b> and ending <b>01/31/2025</b>	
<b>A</b> Name of plan <b>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RET</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6233909</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	983191	832667
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	226300	1303941
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	64530	123747
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	16903904	16582566
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1298025	2470394
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	46496838	57224662
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	4326613	4327809

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	3729	2580
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	70303130	82868366
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	32091	207424
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	32091	207424
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	70271039	82660942

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	7954628	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		7954628
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	83656	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		83656
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1873081	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1873081
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	12447466	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	12358001	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4767518	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		17242
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		14785590

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2048385	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2048385
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	109304	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	20943	
(4) IQPA audit fees .....	<b>2i(4)</b>	39173	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	23000	
(8) Legal fees .....	<b>2i(8)</b>	10407	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	139475	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		347302
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2395687

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12389903
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MCCLAIN SMITH & WENZ, PC**

(2) EIN: **38-3382520**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		20910375
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 537858.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<b>A</b> Name of plan <b>INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND &amp; COMMUNICATIONS</b>	<b>B</b> Three-digit plan number (PN)	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES INTL BROTHERHOOD ELEC WORKERS SOUND &amp; COMM DIV RET</b>	<b>D</b> Employer Identification Number (EIN) <b>38-6233909</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>2</b>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer **GEMALLARO SYSTEMS INTEGRATION**

**b** EIN **20-1214111**

**c** Dollar amount contributed by employer **842324**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer **CONTI ELECTRIC/CONTI TECHNOLOGIES**

**b** EIN **38-1884765**

**c** Dollar amount contributed by employer **584247**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer **COMPASS TECH SOLUTIONS**

**b** EIN **46-3054454**

**c** Dollar amount contributed by employer **470675**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer **MOTOR CITY ELEC TECHNOLOGY SOL**

**b** EIN **38-2648392**

**c** Dollar amount contributed by employer **445401**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer **SUPERIOR ELEC - GREAT LAKES**

**b** EIN **31-1330769**

**c** Dollar amount contributed by employer **440914**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**a** Name of contributing employer **K.L.A. LABORATORIES**

**b** EIN **38-0702321**

**c** Dollar amount contributed by employer **426081**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **28** Year **2025**

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **5.17**

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify):

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer SHAW SYSTEMS & INTEGRATION

**b** EIN 38-3395549 **c** Dollar amount contributed by employer 324075

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 28 Year 2025

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 5.17

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer ELECTRICAL WORKERS LOCAL 252

**b** EIN 38-6323896 **c** Dollar amount contributed by employer 255306

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 28 Year 2025

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 5.17

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer NERDS EXPRESS INC

**b** EIN 92-1598256 **c** Dollar amount contributed by employer 225594

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 28 Year 2025

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 5.17

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer MOTOR CITY ELECTRIC

**b** EIN 38-1405142 **c** Dollar amount contributed by employer 213074

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 28 Year 2025

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 5.17

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	0
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	0
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	0

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	1.06
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	1.32

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 58.7 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 12.3 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: 8.2 % Cash or Cash Equivalents: \_\_\_\_\_% Other: 20.8 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

<b>Structured Attachment</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Schedule MB, line 8b(2)</b> <b>Schedule of Active Participant Data</b>	<b>2024</b>  This Form is Open to Public Inspection
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<b>Name of Plan</b>	INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS						
<b>Plan Year Begin Date</b>	02/01/2024	<b>Plan Year End Date</b>	01/31/2025	<b>EIN</b>	38-6233909	<b>PN</b>	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25				13		137
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS						
<b>Plan Year Begin Date</b>	02/01/2024	<b>Plan Year End Date</b>	01/31/2025	<b>EIN</b>	38-6233909	<b>PN</b>	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

<b>Name of Plan</b>	INTL BROTHERHOOD OF ELEC WORK. LOC 58 SOUND & COMMUNICATIONS						
<b>Plan Year Begin Date</b>	02/01/2024	<b>Plan Year End Date</b>	01/31/2025	<b>EIN</b>	38-6233909	<b>PN</b>	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						





INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN

WARREN, MICHIGAN

FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

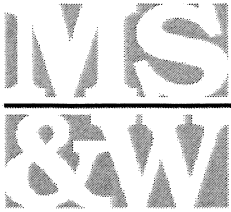
FOR THE YEARS ENDED  
JANUARY 31, 2025 AND 2024

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN

WARREN, MICHIGAN

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**McClain, Smith & Wenz, P.C.**

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA  
Bryan L. Wright, CPA

## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees  
International Brotherhood of Electrical Workers  
Local Union No. 58 Sound and  
Communications Division Retirement Plan

### **Opinion**

We have audited the accompanying financial statements of the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan, which comprise the statements of net assets available for benefits as of January 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan as of January 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended and the accumulated plan benefits as of January 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), at January 31, 2025, and of reportable transactions for the year then ended, (transactions in excess of 5 percent of the current value of plan assets at the beginning of the year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*McClain, Smith & Wong, P.C.*

August 20, 2025

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JANUARY 31, 2025 AND 2024

	2025	2024
<b>Assets</b>		
Investments, at fair value:		
Bond mutual funds	\$ 9,948,254	\$ 7,468,607
Hedge funds	4,327,809	4,326,613
Mutual & exchange traded funds	47,276,408	39,028,231
Private equity partnerships	9,947,954	9,691,111
Real estate investment funds	6,634,612	7,212,793
Short term common collective funds	2,470,394	1,298,025
Total investments	80,605,431	69,025,380
Receivables:		
Employers' contributions	1,303,941	226,300
Accrued interest & dividends	71,948	64,530
Other	51,799	-
Total receivables	1,427,688	290,830
Cash	832,667	983,190
Other assets	2,580	3,730
Total assets	82,868,366	70,303,130
<b>Liabilities</b>		
Accounts payable	207,424	32,092
Total liabilities	207,424	32,092
Net assets available for benefits	\$ 82,660,942	\$ 70,271,038

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

	<u>2025</u>	<u>%</u>	<u>2024</u>	<u>%</u>
Additions to net assets:				
Investment Income:				
Net appreciation (depreciation) in fair value of investments	\$ 4,856,983	32.9	\$ 1,109,667	11.9
Investment income	<u>1,956,737</u>	<u>13.3</u>	<u>1,838,488</u>	<u>19.7</u>
	6,813,720	46.2	2,948,155	31.7
Less: investment expense	<u>(25,943)</u>	<u>(0.2)</u>	<u>(27,364)</u>	<u>(0.3)</u>
	6,787,777	46.0	2,920,791	31.4
Contributions:				
Employers	7,976,739	54.0	6,462,453	69.4
Late payment assessments	<u>17,242</u>	<u>0.1</u>	<u>2,738</u>	<u>0.0</u>
	7,993,981	54.2	6,465,191	69.4
Less: reciprocity	<u>(22,111)</u>	<u>(0.1)</u>	<u>(74,144)</u>	<u>(0.8)</u>
	<u>7,971,870</u>	<u>54.0</u>	<u>6,391,047</u>	<u>68.6</u>
Total additions	14,759,647	100.0	9,311,838	100.0
Deductions from net assets:				
Benefits paid to participants:				
Retirement and disability	2,048,385	13.9	1,654,194	17.8
Administrative expenses	<u>321,358</u>	<u>2.2</u>	<u>359,765</u>	<u>3.9</u>
Total deductions	<u>2,369,743</u>	<u>16.1</u>	<u>2,013,959</u>	<u>21.6</u>
Net increase (decrease)	12,389,904	<u>83.9</u>	7,297,879	<u>78.4</u>
Net assets available for benefits:				
Beginning of year	<u>70,271,038</u>		<u>62,973,159</u>	
End of year	<u>\$ 82,660,942</u>		<u>\$ 70,271,038</u>	

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
JANUARY 31, 2024

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 17,135,962
Expenses on participants currently receiving benefits	1,302,333
Other participants	52,049,272
Expenses on other participants	<u>3,955,745</u>
Total vested	74,443,312
Non-vested accumulated benefits	2,980,883
Expenses on non-vested benefits	<u>226,547</u>
Total non-vested	<u>3,207,430</u>
Actuarial present value of accumulated plan benefits	<u>\$ 77,650,742</u>

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEAR ENDED JANUARY 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 63,530,286
Increase (decrease) during the year attributable to:	
Plan amendment	9,407,500
Change in actuarial assumptions	-
Benefits accumulated and experience gain or (loss)	2,120,969
Interest due to decrease in discount period	4,605,946
Benefits paid	(1,654,194)
Operational expenses paid	<u>(359,765)</u>
Net increase	<u>14,120,456</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 77,650,742</u>

See accompanying notes.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note A - Plan description**

The International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan, (the "Plan") is a defined benefit plan that covers substantially all members of IBEW Local 58 who participate in the collectively-bargained sound and communications and residential agreements. The Plan has published and distributed to all participants and beneficiaries the Summary Plan Description (the "SPD") (revised February 1, 2024) describing in layman's language the many provisions of the Plan, including the insurance coverage by the Pension Benefit Guaranty Corporation in the event the Plan is terminated. The SPD invites the participants to contact the Administrator's office for answers to any questions regarding the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants of the Plan and participants of other benefits plans may have temporary employment assignments outside the jurisdiction of their local union. The Plan has entered into reciprocal agreements with other affiliated locals to forward employer contributions to their home local benefit funds when participants have worked outside their jurisdiction. Reciprocal contributions received and reciprocal contributions paid are recorded in the statements of changes in net assets available for benefits. During the year, incoming reciprocity intended for the Plan was inadvertently deposited into related Electrical Workers' Joint Board of Trustees benefit funds accounts in the amount of \$1,097,041 and appears, in part, as employers' contributions receivable on the statements of net assets available for benefits. The amount was reimbursed during 2025.

February 1, 2024 actuarial valuation report states the minimum funding requirements of ERISA have been met. The Plan has been certified for 2024 as being neither in endangered nor critical status, and the funded ratio decreased from 111.3% to 102.4% in the opinion of the actuary.

**Note B - Summary of accounting policies**

Basis of accounting and payment of benefits - The financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

Valuation of Investments and income recognition - Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes realized and unrealized gains. For investments that have fair value measurement dates other than January 31<sup>st</sup>, the Plan has elected to measure fair value using the month end that is closest to the Plan's fiscal year end, which is December 31<sup>st</sup>.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable to the employers' contributions made to the Plan on behalf of the participants. Accumulated plan benefits include benefits expected to be paid and a related operational expense load to (a) retired or terminated participants or their beneficiaries (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on participants' credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of service) include all years of credited service, deemed attributable to participants, rendered to the valuation date. The actuarial present value of accumulated plan benefits was determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of benefit payments between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of February 1, 2024 were (a) life expectancy of participants (100%/110% PRI-2012 Blue Collar Mortality Table for males/females using the MP-2021 projection scale was chosen) (b) retirement age assumptions (it is assumed that 100% of participants will have retired by age 66) (c) investment return (the assumed average rate of return was 7.25%) (d) assumed hourly contribution rate of \$4.86. Assumptions were unchanged from the prior year valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note B - Summary of accounting policies (continued)**

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Employers' Contributions Receivable – Employers' contributions receivable is based on subsequent cash receipts. Management believes all employer contributions are fully collectible and that no allowance for credit losses is necessary.

**Note C – Subsequent events**

Management has evaluated subsequent events through August 20, 2025, the date the financial statements were available to be issued.

**Note D - Investments**

The Plan's investments are held for safekeeping by the trust department of Comerica Bank. The Board of Trustees has executed contracts with designated investment managers with authority to act within certain investment policies.

**Note E - Funding policy**

Employers who have entered into collective bargaining agreements with the Union pay the full cost of providing benefits under the Plan. The hourly contribution rate was increased to \$5.17 effective July 2, 2023 from \$4.42

**Note F - Derivative financial instruments**

The Board of Trustees has established an investment policy which prescribes the uses of derivative instruments by investment managers. This policy states that unless a specific type of derivative is expressly and specifically permitted, any investment manager must seek affirmative permission from the Board of Trustees.

**Note G - Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits and the statements of changes in net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, rate of investment return, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**Note H - Commitments**

Future commitments to invest approximate \$6,800,000 for private equity partnerships and real estate investment funds.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note I – Related party and party in interest transactions**

The costs associated with administrating all the Electrical Workers' Joint Board of Trustees benefit funds are allocated among the related funds in what management believes is an equitable manner. The employees of the Electrical Workers' Insurance Fund (EWIF) perform record keeping services, and the Plan is charged for these services. The common costs for which the EWIF charged the Plan for the year ended January 31, 2025 and 2024 were \$176,254 and \$232,174, respectively, and are included in the statement of changes in net assets available for benefits. There was \$12,166 payable to the EWIF at January 31, 2025, and \$23,847 payable to the EWIF at January 31, 2024.

An investment distribution on behalf of the Electrical Workers' Pension Trust Fund of Local Union No. 58 - I.B.E.W. (the "Pension") in the amount of \$199,049 was deposited into the Plan's account. The Plan also owns the same investment, and conversely a distribution on behalf of the Plan in the amount of \$19,905 was deposited into the Pension's account. The net amount of \$179,144 appears as a part of the accounts payable balance on the statements of net assets available for benefits.

The Plan collected administrative service fees from the related funds for the years ended January 31, 2025 and 2024.

ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, and any person who provides services to the Plan. Three Board of Trustees members are currently plan participants.

Fees paid by the Plan for legal, accounting, actuarial, computing and other administrative expense services for the years ended January 31, 2025 and 2024 were party in interest transactions, which are exempt from prohibited transaction rules.

The Plan held shares of a common collective trust (short term funds) during 2025 and 2024 which were managed by Comerica Bank (Comerica). Comerica is the custodian of the Plan and, therefore, these transactions qualify as party in interest transactions, which are exempt from prohibited transaction rules.

**Note J - Federal income tax status**

The Plan has been determined to be exempt from Federal Income Tax, except for net income derived from unrelated business activities. Management believes that they have appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements. The Internal Revenue Service has determined and informed the Plan by a letter dated June 3, 2015 that the International Brotherhood of Electrical Workers Local Union No. 58 Sound and Communications Division Retirement Plan is designed in accordance with applicable sections of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, management and legal counsel believe that the Plan continues to qualify and to operate as designed.

The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note K - Plan termination**

In the event the Plan terminates, the net assets of the plan will be allocated in accordance with federal statutes and related regulations, which requires under certain circumstances that benefits may be reduced. The Federal government has created an agency called the Pension Benefit Guaranty Corporation (PBGC) (a U. S. government agency) for the purpose of insuring certain benefits under certain circumstances if a pension plan terminates. The Plan pays a premium for each participant to the PBGC, but special provisions of the law govern the extent to which benefits are insured by the PBGC. A narrative of the limits of PBGC coverage is described in the SPD.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note L - Plan Amendment**

The Trustees agreed to amend the Plan, subject to the approval of the Parent Organizations, to increase the future service credit to \$75.00 from \$65.00 per year, and a corresponding 5 percent increase to all retirees and beneficiaries in pay status, effective February 1, 2025. Effective February 1, 2024, an active participant is eligible for an unreduced early retirement if at least age 60 and age plus years of eligibility service is at least 80.

**Note M - Fair value measurements**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures* establish a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs, the lowest priority, are utilized when Level 1 or Level 2 inputs are not available. The three levels are described as follows:

Level 1 — The fair values of common stocks, mutual funds, exchange traded funds, and real estate investment trusts are based on quoted market prices in active markets for identical securities.

Level 2 — Prices determined using other significant observable inputs. Observable inputs that other market participants would use in pricing a security, including quoted prices for similar securities in active markets.

Level 3 — Prices determined using significant unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value.

Level 1 inputs

*Common stocks, mutual funds, real estate investment trusts and exchange traded funds:* Valued at the closing price reported in the market where the security is traded.

Level 2 inputs

*Common collective funds:* Value is based on the fair value of underlying assets.

Investments measured at net-asset-value

*Private equity partnerships:* These investments are valued at the net asset value of the respective partnership.

*Real estate investments funds:* Funds are invested in limited partnerships which invest in various forms of real estate holdings. Valuations in real estate involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction. Fair values are estimated based upon income, cost and sales comparison, external appraisals, occupancy rates, rental rates, interest and inflation. These investments are valued at their net asset value.

*Hedge funds:* Valued based primarily on the underlying assets of the entity. Such market value estimates involve subjective judgments, and the actual market price of the investments can only be determined by negotiation between independent third parties of a sales transaction. The hedge funds' objectives are to use varied types of positions in both domestic and international markets with the goal of generating safe returns. These investments are valued at the net asset value of the respective fund.

The following summary of the inputs as of January 31, 2025 and 2024, in valuing investments carried at fair value on a recurring basis as described in the summary of accounting policies footnote is as follows:

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
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NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note M - Fair value measurements (continued)**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

	<u>Fair Value</u>	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>January 31, 2025</u>				
Common collective funds	\$ 2,470,394		\$ 2,470,394	
Bond mutual funds	9,948,254	\$ 9,948,254		
Mutual funds	42,514,022	42,514,022		
Exchange traded fund	4,762,386	4,762,386		
Measured at net asset value:				
Private equity partnerships	9,947,954			
Real estate investments	6,634,612			
Hedge funds	4,327,809			
	<u>\$ 80,605,431</u>	<u>\$ 57,224,662</u>	<u>\$ 2,470,394</u>	<u>\$ -</u>

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>January 31, 2024</u>				
Common collective funds	\$ 1,298,025		\$ 1,298,025	
Bond mutual funds	7,468,607	\$ 7,468,607		
Mutual funds	34,602,865	34,602,865		
Exchange traded fund	4,425,366	4,425,366		
Measured at net asset value:				
Private equity partnerships	9,691,111			
Real estate investments	7,212,793			
Hedge funds	4,326,613			
	<u>\$ 69,025,380</u>	<u>\$ 46,496,838</u>	<u>\$ 1,298,025</u>	<u>\$ -</u>

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
COMMUNICATIONS DIVISION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note M - Fair value measurements (continued)**

Authoritative guidance on fair value measurements permits the Fund to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value per share or its equivalent (NAV) of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The following table summarizes the Plan's investments in certain entities that calculate net asset value per share as fair value measurement as of January 31, 2025 and 2024 by investment strategy:

	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice
	2025	2024			
a. Real estate investment fund	\$ 4,406,391	\$ 4,609,004	\$ -	quarterly	1-90 days
b. Real estate investment fund	1,387,183	1,479,388	349,737	illiquid	-
c. Real estate investment fund	841,038	1,124,401	390,000	illiquid	-
d. Private equity partnership	123,523	121,305	16,833	illiquid	-
e. Private equity partnership	2,099,260	2,086,963	829,913	illiquid	-
f. Private equity partnership	619,034	729,975	364,670	illiquid	-
g. Private equity partnership	1,625,325	1,638,151	264,384	illiquid	-
h. Private equity partnership	1,801,659	2,039,522	745,137	illiquid	-
i. Private equity partnership	2,791,649	2,815,085	1,783,627	illiquid	-
j. Private equity partnership	887,504	260,110	2,006,970	illiquid	-
k. Hedge fund	46,420	53,887	-	quarterly	100 days
l. Hedge fund	2,050,131	1,780,614	-	quarterly	90 days
m. Hedge fund	2,231,258	2,492,112	-	illiquid	-
	<u>\$ 20,910,375</u>	<u>\$ 21,230,517</u>	<u>\$ 6,751,271</u>		

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

- a. The fund was formed as an open-ended investment fund with a permanent existence, subject to termination with an amended partnership agreement. The fund has been organized to allow Taft-Hartley plans to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or function obsolescence.
- b. The partnership is a "feeder fund" to accommodate structuring requirements of tax exempt investors to invest in an underlying fund. The underlying fund invests in private office, apartment and other commercial real estate, or real estate securities in the U.S., Europe and Asia. The partnership expires on December 21, 2028 unless extended by the General Partner.
- c. The partnership was formed to acquire, hold, manage and dispose of investment in real estate private equity funds for income and capital appreciation. The partnership will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the partnership agreement.
- d. The partnership's primary activity is to invest in mezzanine investments in companies and projects providing products and services throughout the entirety of the energy value chain. The partnership is scheduled to terminate on June 30, 2026, unless extended or dissolved sooner in accordance with the partnership agreement.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
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NOTES TO FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024

**Note M - Fair value measurements (continued)**

- e. The partnership was formed primarily for the purposes directly or indirectly through one or more subsidiaries, to (a) acquire, improve, maintain, own, operate, manage, finance, refinance, hold, divide, aggregate, grant options with respect to, sell, reposition, exchange and otherwise deal in and with portfolio investments, (b) acquire, hold and dispose of interim investments, and (c) engage in any other activities necessary, related to investing in large-scale infrastructure projects. The partnership shall continue until the later of (i) the 15th anniversary of the closing of the last portfolio investment, or (ii) the date upon which the partnership has sold its interest in the last portfolio investment.
- f. The partnership is a feeder fund in a master-feeder structure whereby the partnership invests substantially all of its assets in a private equity fund (the "Main Fund"), a Delaware limited partnership. The Main Fund, in turn, makes investments in primary partnership investments, co-investments and secondary transactions. The partnership expires on October 26, 2026 unless extended by the General Partner.
- g. The partnership's primary activity is to invest on an opportunistic basis in the equity, debt, and other instruments of operationally sound, financially distressed companies in accordance with the amended and restated limited partnership agreement. The partnership is scheduled to terminate on June 29, 2027, unless extended or dissolved sooner in accordance with the partnership agreement.
- h. The partnership is a "feeder fund" that invests in the master fund. The partnership's investment objective is to achieve private equity returns while taking less than commensurate risk by obtaining significant influence of primarily middle-market companies through the purchase of distressed debt at a discount, structured equity investments, and/or direct equity investment in distressed entities. The partnership is an exempted limited partnership formed in accordance with the laws of the Cayman Islands. The partnership will terminate on April 24, 2028, unless extended or terminated earlier in accordance with the partnership agreement.
- i. The partnership's purpose is to principally invest in traditional secondaries, non-traditional secondaries and other opportunistic secondary investments, including underlying portfolio companies, swaps, options and forward currency contracts. The partnership looks to achieve its investment objective through a Cayman Island limited partnership.
- j. The investment is a non-regulated special limited partnership formed under the laws of the Grand Duchy of Luxembourg for the principal purpose of investing in Traditional Secondaries, Non-Traditional Secondaries and other opportunistic investments. Secondaries markets refer to the buying and selling of pre-existing investor commitments. The investment offers secondaries diversified by sector and geography and may include real estate and infrastructure featuring favorable purchase prices, duration or other factors.
- k. The fund's objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investments managers selected by the General Partner. The General Partner decided to cease the investment operations of the partnership on December 14, 2020, resulting in the liquidation basis of accounting being used. The change in basis of accounting did not result in any meaningful difference in fair value .
- l. The principal investment objective of the fund is to achieve superior risk-adjusted total returns by investing, directly or indirectly through its investment in its master fund, primarily in public and private non-investment grade and non rated debt securities. Securities and other instruments acquired by the fund may include, but are not limited to, all types of debt obligations including bank debt, public and private equity, options, swaps and real estate related instruments.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS LOCAL UNION NO. 58 SOUND AND  
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JANUARY 31, 2025 AND 2024

**Note M - Fair value measurements (continued)**

- m. Through its investment in its master fund, the fund seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.

**Note N - Net appreciation in the market value of investments**

During 2025 and 2024 the Fund's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

	<u>2025</u>	<u>2024</u>
Determined by quoted market price	\$ 4,455,372	\$ 1,559,443
At estimated fair value	<u>401,611</u>	<u>(449,776)</u>
Total	<u>\$ 4,856,983</u>	<u>\$ 1,109,667</u>

**Note O - Accounting Pronouncements**

Effective February 1, 2023, the Fund adopted ASU 2016-13. *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which modifies the measurement of expected credit losses on certain financial instruments. The Fund has adopted this new guidance utilizing the modified retrospective transition method. Topic 326 requires measurement and recognition of expected versus incurred losses for financial assets held. Financial assets held by the Fund that are subject to the guidance in ASU 2016-13 are employer contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted in new/enhanced disclosures only.

SUPPLEMENTAL INFORMATION

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION NO. 58  
SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38-6233909 PLAN 002 1/31/2025  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE		(d) COST	(e) CURRENT VALUE	
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS H		EQUITIES ALTERNATIVE	1,819,790	1,781,332	
	CARLYLE ENERGY MEZZANINE OPPORTUNITIES FUND II L.P.		EQUITIES ALTERNATIVE	135,161	123,523	
	CARLYLE STRATEGIC PARTNERS IV LP		EQUITIES ALTERNATIVE	1,313,714	1,625,325	
	ENTRUSTPERMAL MIDWEST PARTNERS		EQUITIES ALTERNATIVE	95,683	46,420	
	GOLDENTREE SELECT OFFSHORE LTD CASS D2 SERIES 1		EQUITIES ALTERNATIVE	1,532,173	2,050,131	
	HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP		EQUITIES ALTERNATIVE	515,323	619,034	
	MCMORGAN INFRASTRUCTURE FUND I LP		EQUITIES ALTERNATIVE	955,091	2,099,259	
	METROPOLITAN REAL ESTATE PARTNERS SECONDARIES FUND II LP		EQUITIES ALTERNATIVE	1,046,415	1,029,847	
	METROPOLITAN REAL ESTATE PARTNERS CO-INVESTMENT FUND II		EQUITIES ALTERNATIVE	372,560	357,335	
	OAKTREE SPECIAL SITUATIONS FUND II (FEEDER) L.P.		EQUITIES ALTERNATIVE	1,286,796	1,801,659	
	TOWNSEND REAL ESTATE ALPHA FUND III LP		EQUITIES ALTERNATIVE	628,377	841,038	
	VINTAGE IX B OFFSHORE		EQUITIES ALTERNATIVE	513,359	887,504	
	VINTAGE VIII OFFSHORE SCSP		EQUITIES ALTERNATIVE	1,449,588	2,791,649	
	AMERICAN CORE REALTY FUND LLC		EQUITIES ALTERNATIVE	3,897,513	4,406,391	
	ISHARES MSCI ACWX INDEX FUND	53.98	88,225.00	MUTUAL FUNDS - CLOSED END	3,739,387	4,762,386
	FIDELITY 500 INDEX FUND-AI	209.87	60,182.63	MUTUAL FUNDS - OPEN END	7,908,558	12,630,528
	PUTMAN SHORT DURATION BOND FUND	9.89	529,604.30	MUTUAL FUNDS - OPEN END	5,156,082	5,237,787
	T ROWE PRICE	13.92	141,347.51	MUTUAL FUNDS - OPEN END	1,881,502	1,967,557
	VANGUARD VALUE INDEX FD ADM	68.94	130,501.73	MUTUAL FUNDS - OPEN END	6,716,061	8,996,789
	VIRTUS SILVANT FOCUSED GROWTH ALLIAN	29.53	139,269.48	MUTUAL FUNDS - OPEN END	4,343,287	4,112,628
	BAIRD CORE PLUS BD FD INSTL CL SHS	10.04	990,861.92	MUTUAL FUNDS - OPEN END	10,845,235	9,948,254
	PIMCO HIGH YIELD FD INSTL	8.08	470,460.46	MUTUAL FUNDS - OPEN END	4,100,282	3,801,321
	PUTNAM ULTRA SHORT DURATION INCOME	10.13	569,339.90	MUTUAL FUNDS - OPEN END	5,721,048	5,767,413
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		ALTERNATIVE ASSETS	486,348	449,927	
*	COMERICA SHORT TERM FUND		CASH AND CASH EQUIVALENTS	1,890,889	1,890,889	
*	COMERICA SHORT TERM FUND		CASH AND CASH EQUIVALENTS	579,505	579,505	
TOTALS				68,929,727	80,605,431	

See independent Auditor's report.



IBEW LCL 58 S&C PENS  
Account Number: 1-103383

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL  
UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38 6233909 PLAN NO. 002 1/31/2025  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**5% Transactions - Single Transactions**  
**For the Period February 01, 2024 - January 31, 2025**

Date	Transaction	Description	EBT Cost	Market Value
IBEW LCL 58 S&C PENS				
11/27/2024	SALE SETTLEMENT	394,866.732 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 11/26/2024 Settle 11/26/2024 394,866.732 Units @ 10.13 Fed Long Term Gain: 32,502.95	3,992,102.66	4,000,000.00
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 08/25/2023	0.00	50,000.00
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 09/29/2023	0.00	112,499.96
<b>Total Single Transactions</b>			<b>3,992,102.66</b>	<b>4,162,499.96</b>

See independent auditor's report.



IBEW LCL 58 S&C PENS  
Account Number: 1-103383

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL  
UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38 6233909 PLAN NO. 002 1/31/2025  
SCHEDULE H, LINE 4) - SCHEDULE OF REPORTABLE TRANSACTIONS

**5% Transactions - Non-Security Transactions  
For the Period February 01, 2024 - January 31, 2025**

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**No data in the reporting period**

**See independent auditor's report.**



**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**

IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
<b>IBEW LCL 58 S&amp;C PENS</b>				
02/01/2024	SWEEP PURCHASE	4,175.71 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,175.71	4,175.71
02/01/2024	SWEEP PURCHASE	1,747.91 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,747.91	1,747.91
02/02/2024	SWEEP PURCHASE	3,339.56 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,339.56	3,339.56
02/20/2024	SWEEP PURCHASE	700,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	700,000.00	700,000.00
02/21/2024	SWEEP SALE	700,000 shares COMERICA SHORT TERM FUND	700,000.00	700,000.00
03/01/2024	SWEEP PURCHASE	3,772.87 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,772.87	3,772.87
03/01/2024	SWEEP PURCHASE	84,030 shares COMERICA SHORT TERM FUND STATE COST: 0.00	84,030.00	84,030.00
03/01/2024	SWEEP PURCHASE	1,729.56 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,729.56	1,729.56
03/13/2024	SWEEP SALE	396,072.54 shares COMERICA SHORT TERM FUND	396,072.54	396,072.54
03/14/2024	SWEEP PURCHASE	422,115.23 shares COMERICA SHORT TERM FUND STATE COST: 0.00	422,115.23	422,115.23
03/18/2024	SWEEP PURCHASE	500,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	500,000.00	500,000.00

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
03/19/2024	SWEEP SALE	500,000 shares COMERICA SHORT TERM FUND	500,000.00	500,000.00
03/20/2024	SWEEP SALE	22,500 shares COMERICA SHORT TERM FUND	22,500.00	22,500.00
03/25/2024	SWEEP PURCHASE	199,049 shares COMERICA SHORT TERM FUND STATE COST: 0.00	199,049.00	199,049.00
04/01/2024	SWEEP PURCHASE	4,579.51 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,579.51	4,579.51
04/01/2024	SWEEP PURCHASE	1,830.55 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,830.55	1,830.55
04/10/2024	SWEEP PURCHASE	500,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	500,000.00	500,000.00
04/11/2024	SWEEP SALE	192,033.86 shares COMERICA SHORT TERM FUND	192,033.86	192,033.86
04/11/2024	SWEEP SALE	500,000 shares COMERICA SHORT TERM FUND	500,000.00	500,000.00
04/17/2024	SWEEP PURCHASE	2,969 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,969.00	2,969.00
04/29/2024	SWEEP PURCHASE	200,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	200,000.00	200,000.00
04/30/2024	SWEEP SALE	200,000 shares COMERICA SHORT TERM FUND	200,000.00	200,000.00
05/01/2024	SWEEP PURCHASE	4,722.14 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,722.14	4,722.14

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP SALE	219.84 shares COMERICA SHORT TERM FUND	219.84	219.84
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 08/25/2023	0.00	50,000.00
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 09/29/2023	0.00	112,499.96
05/01/2024	SWEEP PURCHASE	2,001.74 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,001.74	2,001.74
05/01/2024	SWEEP SALE	93.18 shares COMERICA SHORT TERM FUND	93.18	93.18
05/02/2024	SWEEP PURCHASE	3,501.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,501.21	3,501.21
05/30/2024	SWEEP PURCHASE	200,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	200,000.00	200,000.00
05/31/2024	SWEEP SALE	200,000 shares COMERICA SHORT TERM FUND	200,000.00	200,000.00
06/03/2024	SWEEP PURCHASE	4,420.79 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,420.79	4,420.79
06/03/2024	SWEEP PURCHASE	1,909.81 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,909.81	1,909.81
06/17/2024	SWEEP PURCHASE	69,162.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	69,162.58	69,162.58

See independent auditor's report.



**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**

IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
06/24/2024	SWEEP PURCHASE	13,205 shares COMERICA SHORT TERM FUND STATE COST: 0.00	13,205.00	13,205.00
06/28/2024	SWEEP PURCHASE	29,999.99 shares COMERICA SHORT TERM FUND STATE COST: 0.00	29,999.99	29,999.99
07/01/2024	SWEEP PURCHASE	4,312.66 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,312.66	4,312.66
07/01/2024	SWEEP PURCHASE	1,961.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,961.95	1,961.95
07/03/2024	SWEEP SALE	250,000.04 shares COMERICA SHORT TERM FUND	250,000.04	250,000.04
07/03/2024	SWEEP PURCHASE	125,000.02 shares COMERICA SHORT TERM FUND STATE COST: 0.00	125,000.02	125,000.02
07/16/2024	SWEEP PURCHASE	400,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	400,000.00	400,000.00
07/18/2024	SWEEP SALE	400,000 shares COMERICA SHORT TERM FUND	400,000.00	400,000.00
07/22/2024	SWEEP PURCHASE	3,861.22 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,861.22	3,861.22
07/26/2024	SWEEP PURCHASE	32,604.74 shares COMERICA SHORT TERM FUND STATE COST: 0.00	32,604.74	32,604.74
08/01/2024	SWEEP PURCHASE	4,158.05 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,158.05	4,158.05

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
08/01/2024	SWEEP PURCHASE	2,312.83 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,312.83	2,312.83
08/28/2024	SWEEP PURCHASE	71,811 shares COMERICA SHORT TERM FUND STATE COST: 0.00	71,811.00	71,811.00
08/29/2024	SWEEP PURCHASE	7,919 shares COMERICA SHORT TERM FUND STATE COST: 0.00	7,919.00	7,919.00
09/03/2024	SWEEP PURCHASE	4,284 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,284.00	4,284.00
09/03/2024	SWEEP PURCHASE	2,194.52 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,194.52	2,194.52
09/04/2024	SWEEP PURCHASE	4,452 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,452.00	4,452.00
09/04/2024	SWEEP PURCHASE	550,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	550,000.00	550,000.00
09/06/2024	SWEEP SALE	550,000 shares COMERICA SHORT TERM FUND	550,000.00	550,000.00
09/18/2024	SWEEP PURCHASE	3,577.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,577.35	3,577.35
09/27/2024	SWEEP PURCHASE	168,485 shares COMERICA SHORT TERM FUND STATE COST: 0.00	168,485.00	168,485.00

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
09/30/2024	SWEEP PURCHASE	10,724 shares COMERICA SHORT TERM FUND STATE COST: 0.00	10,724.00	10,724.00
10/01/2024	SWEEP PURCHASE	4,461.49 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,461.49	4,461.49
10/01/2024	SWEEP PURCHASE	2,233.12 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,233.12	2,233.12
10/08/2024	SWEEP PURCHASE	450,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	450,000.00	450,000.00
10/10/2024	SWEEP SALE	450,000 shares COMERICA SHORT TERM FUND	450,000.00	450,000.00
10/22/2024	SWEEP PURCHASE	69,355 shares COMERICA SHORT TERM FUND STATE COST: 0.00	69,355.00	69,355.00
10/25/2024	SWEEP PURCHASE	32,166.83 shares COMERICA SHORT TERM FUND STATE COST: 0.00	32,166.83	32,166.83
10/31/2024	SWEEP PURCHASE	47,095 shares COMERICA SHORT TERM FUND STATE COST: 0.00	47,095.00	47,095.00
11/01/2024	SWEEP PURCHASE	5,176.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	5,176.41	5,176.41
11/01/2024	SWEEP PURCHASE	2,171.89 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,171.89	2,171.89

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
11/06/2024	SWEEP PURCHASE	21,585.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	21,585.21	21,585.21
11/12/2024	SWEEP PURCHASE	17,453 shares COMERICA SHORT TERM FUND STATE COST: 0.00	17,453.00	17,453.00
11/19/2024	SWEEP PURCHASE	73,066 shares COMERICA SHORT TERM FUND STATE COST: 0.00	73,066.00	73,066.00
11/21/2024	SWEEP PURCHASE	3,784.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,784.58	3,784.58
11/26/2024	SWEEP SALE	15,458.88 shares COMERICA SHORT TERM FUND	15,458.88	15,458.88
12/02/2024	SWEEP PURCHASE	5,493.69 shares COMERICA SHORT TERM FUND STATE COST: 0.00	5,493.69	5,493.69
12/02/2024	SWEEP PURCHASE	1,918.19 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,918.19	1,918.19
12/06/2024	SWEEP PURCHASE	44,199.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	44,199.37	44,199.37
12/09/2024	SWEEP PURCHASE	550,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	550,000.00	550,000.00
12/10/2024	SWEEP SALE	550,000 shares COMERICA SHORT TERM FUND	550,000.00	550,000.00
12/16/2024	SWEEP PURCHASE	72,208 shares COMERICA SHORT TERM FUND STATE COST: 0.00	72,208.00	72,208.00

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
12/17/2024	SWEEP PURCHASE	213,500 shares COMERICA SHORT TERM FUND STATE COST: 0.00	213,500.00	213,500.00
12/20/2024	SWEEP PURCHASE	67,697.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	67,697.95	67,697.95
01/02/2025	SWEEP PURCHASE	6,334.6 shares COMERICA SHORT TERM FUND STATE COST: 0.00	6,334.60	6,334.60
01/02/2025	SWEEP PURCHASE	2,087.34 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,087.34	2,087.34
01/03/2025	SWEEP PURCHASE	33,266.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	33,266.36	33,266.36
01/07/2025	SWEEP PURCHASE	300,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	300,000.00	300,000.00
01/08/2025	SWEEP SALE	300,000 shares COMERICA SHORT TERM FUND	300,000.00	300,000.00
01/13/2025	SWEEP PURCHASE	35,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	35,000.00	35,000.00
01/16/2025	SWEEP PURCHASE	13,234 shares COMERICA SHORT TERM FUND STATE COST: 0.00	13,234.00	13,234.00
01/28/2025	SWEEP PURCHASE	31,838.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	31,838.25	31,838.25
01/31/2025	SWEEP SALE	62,500.01 shares COMERICA SHORT TERM FUND	62,500.01	62,500.01

See independent auditor's report.



IBEW LCL 58 S&C PENS  
Account Number: 1-103383

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL  
UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38 6233909 PLAN NO. 002 1/31/2025  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**

Date	Transaction	Description	EBT Cost	Market Value
<b>Total</b>			<b>11,750,125.13</b>	<b>11,912,625.09</b>
02/06/2024	REINVESTMENT	3,173.435 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 02/01/2024 Settle 02/01/2024 3,173.435 Units @ 10.11	32,083.43	0.00
02/21/2024	PURCHASE SETTLEMENT	69,306.931 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 02/20/2024 Settle 02/20/2024 69,306.931 Units @ 10.1	700,000.00	700,000.00
03/07/2024	REINVESTMENT	3,090.81 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 03/01/2024 Settle 03/01/2024 3,090.81 Units @ 10.1	31,217.18	0.00
03/19/2024	PURCHASE SETTLEMENT	49,504.95 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 03/18/2024 Settle 03/18/2024 49,504.95 Units @ 10.1	500,000.00	500,000.00
04/05/2024	REINVESTMENT	3,616.339 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 04/01/2024 Settle 04/01/2024 3,616.339 Units @ 10.1	36,525.02	0.00
04/30/2024	PURCHASE SETTLEMENT	19,821.606 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 04/29/2024 Settle 04/29/2024 19,821.606 Units @ 10.09	200,000.00	200,000.00

See independent auditor's report.

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

Date	Transaction	Description	EBT Cost	Market Value
05/07/2024	PURCHASE SETTLEMENT	49,554.014 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 04/11/2024 Settle 04/11/2024 49,554.014 Units @ 10.09	500,000.00	500,000.00
05/07/2024	REINVESTMENT	3,827.131 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 05/01/2024 Settle 05/01/2024 3,827.131 Units @ 10.09	38,615.75	0.00
05/31/2024	PURCHASE SETTLEMENT	19,801.98 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 05/30/2024 Settle 05/30/2024 19,801.98 Units @ 10.1	200,000.00	200,000.00
06/07/2024	REINVESTMENT	4,375.142 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 06/01/2024 Settle 06/01/2024 4,375.142 Units @ 10.1	44,188.93	0.00
07/02/2024	REINVESTMENT	3,857.284 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 07/01/2024 Settle 07/01/2024 3,857.284 Units @ 10.1	38,958.57	0.00
08/06/2024	REINVESTMENT	4,237.879 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 08/01/2024 Settle 08/01/2024 4,237.879 Units @ 10.12	42,887.34	0.00

See independent auditor's report.



IBEW LCL 58 S&C PENS  
 Account Number: 1-103383

5% Transactions - By Issue  
 For the Period February 01, 2024 - January 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
09/04/2024	REINVESTMENT	4,500.798 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 09/01/2024 Settle 09/01/2024 4,500.798 Units @ 10.13	45,593.08	0.00
10/07/2024	REINVESTMENT	3,854.996 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 10/01/2024 Settle 10/01/2024 3,854.996 Units @ 10.15	39,128.21	0.00
11/12/2024	REINVESTMENT	4,078.864 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 11/01/2024 Settle 11/01/2024 4,078.864 Units @ 10.13	41,318.89	0.00
11/27/2024	SALE SETTLEMENT	394,866.732 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 11/26/2024 Settle 11/26/2024 394,866.732 Units @ 10.13 Fed Long Term Gain: 32,502.95	3,992,102.66	4,000,000.00
12/04/2024	REINVESTMENT	3,809.336 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 12/01/2024 Settle 12/01/2024 3,809.336 Units @ 10.13	38,588.57	0.00
01/07/2025	REINVESTMENT	2,261.486 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 01/01/2025 Settle 01/01/2025 2,261.486 Units @ 10.13	22,908.85	0.00
<b>Total PUTNAM</b>			<b>6,544,116.48</b>	<b>6,100,000.00</b>

See independent auditor's report.



IBEW LCL 58 S&C PENS  
Account Number: 1-103383

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL  
UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38 6233909 PLAN NO. 002 1/31/2025  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**5% Transactions - By Issue**  
**For the Period February 01, 2024 - January 31, 2025**

Date	Transaction	Description	EBT Cost	Market Value
<b>Total All Issues</b>			<b>18,294,241.61</b>	<b>18,012,625.09</b>

See independent auditor's report.



IBEW LCL 58 S&C PENS  
Account Number: 1-103383

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL  
UNION NO. 58 SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN  
EIN 38 6233909 PLAN NO. 002 1/31/2025  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

5% Transactions - By Broker  
For the Period February 01, 2024 - January 31, 2025

Date	Transaction	Description	EBT Cost	Market Value
IBEW LCL 58 S&C PENS				
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 08/25/2023	0.00	50,000.00
05/01/2024	PURCHASE	LINE ITEM-SHORT TERM INVESTMENT TRADE DETAILS PENDING Reversed Entry Posted On 09/29/2023	0.00	112,499.96
11/27/2024	SALE SETTLEMENT	394,866.732 shares PUTNAM ULTRA SHORT DURATION INCOME FUND-Y Trade 11/26/2024 Settle 11/26/2024 394,866.732 Units @ 10.13 Fed Long Term Gain: 32,502.95	3,992,102.66	4,000,000.00
<b>Total</b>			<b>3,992,102.66</b>	<b>4,162,499.96</b>
<b>Total All Brokers</b>			<b>3,992,102.66</b>	<b>4,162,499.96</b>

See independent auditor's report.

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  <small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small>  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan INTL BROTHERHOOD OF ELEC WORKERS LOC 58 SOUND AND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>D</b> Employer Identification Number (EIN) 38-6233909</td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	002	<b>D</b> Employer Identification Number (EIN) 38-6233909	
<b>B</b> Three-digit plan number (PN) ▶	002				
<b>D</b> Employer Identification Number (EIN) 38-6233909					
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTL BROTHERHOOD OF ELEC WORKERS LOC 58 SOUND AND COMMUNICATIONS DIV					

**E** Type of plan:           (1)  Multiemployer Defined Benefit           (2)  Money Purchase (see instructions)

**1a** Enter the valuation date:           Month   2   Day   1   Year  2024 

**b** Assets

(1) Current value of assets.....	<b>1b(1)</b>	70,271,039
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	73,930,456
<b>c</b> (1) Accrued liability for plan using immediate gain methods.....	<b>1c(1)</b>	84,108,985
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method.....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	72,166,117
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	141,554,272
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	5,050,655
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	2,514,928
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	2,550,515

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>9/15/2025</u>
	Signature of actuary	Date
	Kathryn A. Garrity, FSA, EA, MAAA	23-05379
	Type or print name of actuary	Most recent enrollment number
	United Actuarial Services, Inc.	(317) 580-8670
	Firm name	Telephone number (including area code)
	11590 N. Meridian Street, Suite 610 Carmel IN 46032-4529	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	70,271,039
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	240	24,875,578
<b>(2)</b> For terminated vested participants .....	519	29,924,063
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		5,982,958
<b>(b)</b> Vested benefits .....		80,771,673
<b>(c)</b> Total active .....	875	86,754,631
<b>(4)</b> Total .....	1,634	141,554,272
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	49.64%

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/31/2025	7,954,628				
<b>Totals ▶</b>			<b>3(b)</b>	7,954,628	<b>3(c)</b>

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)**

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	102.4%
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input checked="" type="checkbox"/> Entry age normal | <b>c</b> <input type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium    | <b>g</b> <input type="checkbox"/> Individual aggregate          | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |   |   |   |

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.83 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.25 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.25%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.7%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	4.5%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	311,580
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,471,898	153,070
3	9,389,441	976,455

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	1,398,694

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	32,122,869	4,387,220
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		419,478
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		6,205,392
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		20,461,752
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		7,954,628
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	1,482,588	391,824
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		1,800,239
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	38,286,935	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	57,037,654	
(3) FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		30,608,443
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		24,403,051
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			

Yes  No

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 3**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 3 – Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions differ from those valued the preceding year in the following respects:

- Effective February 1, 2024, an active participant is eligible for an unreduced early retirement if at least age 60 and age plus years of eligibility service is at least 80.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

***PLAN HISTORY***

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***Origins/Purpose***

The I.B.E.W. Local Union No. 58 Sound and Communications Division Retirement Plan, Warren, Michigan was established effective February 1, 1969 as a result of Collective Bargaining Agreements between the Southeastern Michigan Chapter of the National Electrical Contractors' Association, Inc. and Local Union No. 58 of the International Brotherhood of Electrical Workers.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the pension plan is to provide Normal and Early Retirement Benefits, Joint and 50% Survivor Benefits, Joint & 75% Survivor Benefits, Total and Permanent Disability Benefits, Deferred Vested Retirement Benefits, Lump Sum Death Benefits, Pre-Retirement Death Benefits, and Post-Retirement Death Benefits.

***PLAN HISTORY (CONT.)***

***Employer Contributions***

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. The following is a partial listing of hourly pension contribution rates.

<b><i>Effective Date *</i></b>	<b><i>Hourly Contribution Rate</i></b>
03-01-1998	\$ .50
03-04-2007	.55
11-04-2007	.64
03-01-2008	.67
09-01-2008	.80
09-01-2009	1.20
07-03-2016	1.95
07-02-2017	2.20
07-01-2018	3.17
07-02-2019	3.42
07-05-2020	3.92
07-04-2021	4.42
07-08-2023	5.17

\* Dates differ for residential contracts

***Reciprocity***

The fund has entered into money-follows-man reciprocity agreements with other IBEW pension funds.

**SUMMARY OF PLAN PROVISIONS**

<b>Participation</b>	Upon employment with an employer that is required under the terms of a pension agreement to remit contributions to the Pension Fund on behalf of the employee																																												
<b>Plan year</b>	The twelve-month period beginning February 1 and ending January 31.																																												
<b>Hours of service</b>	300 hours of work is equivalent to 345 hours of service.																																												
<b>Vesting/eligibility service</b>	One year of vesting/eligibility service for 1,000 hours of service; or, credited service earned during the year, if greater. A maximum of one year of vesting/eligibility service can be earned during each plan year if work is performed which is not within the Plan's definition of "Employee".																																												
<b>Credited service</b>	Years of credited service are based on hours of service accrued during each plan year, according to the following table: <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: center;"><u>Hours of Service</u></th> <th style="text-align: center;"><u>Years of Credited Service Earned:</u></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">&lt;100</td><td style="text-align: center;">None</td></tr> <tr><td style="text-align: center;">100-199</td><td style="text-align: center;">0.1</td></tr> <tr><td style="text-align: center;">200-299</td><td style="text-align: center;">0.2</td></tr> <tr><td style="text-align: center;">300-499</td><td style="text-align: center;">0.3</td></tr> <tr><td style="text-align: center;">500-699</td><td style="text-align: center;">0.4</td></tr> <tr><td style="text-align: center;">700-899</td><td style="text-align: center;">0.5</td></tr> <tr><td style="text-align: center;">900-1099</td><td style="text-align: center;">0.6</td></tr> <tr><td style="text-align: center;">1100-1299</td><td style="text-align: center;">0.7</td></tr> <tr><td style="text-align: center;">1300-1499</td><td style="text-align: center;">0.8</td></tr> <tr><td style="text-align: center;">1500-1699</td><td style="text-align: center;">0.9</td></tr> <tr><td style="text-align: center;">1700-1999</td><td style="text-align: center;">1.0</td></tr> <tr><td style="text-align: center;">2000-2199</td><td style="text-align: center;">1.1</td></tr> <tr><td style="text-align: center;">2200-2399</td><td style="text-align: center;">1.2</td></tr> <tr><td style="text-align: center;">2400-2599</td><td style="text-align: center;">1.3</td></tr> <tr><td style="text-align: center;">2600-2799</td><td style="text-align: center;">1.4</td></tr> <tr><td style="text-align: center;">2800-2999</td><td style="text-align: center;">1.5</td></tr> <tr><td style="text-align: center;">3000-3199</td><td style="text-align: center;">1.6</td></tr> <tr><td style="text-align: center;">3200-3399</td><td style="text-align: center;">1.7</td></tr> <tr><td style="text-align: center;">3400-3599</td><td style="text-align: center;">1.8</td></tr> <tr><td style="text-align: center;">3600-3799</td><td style="text-align: center;">1.9</td></tr> <tr><td style="text-align: center;">3800+</td><td style="text-align: center;">2.0</td></tr> </tbody> </table>	<u>Hours of Service</u>	<u>Years of Credited Service Earned:</u>	<100	None	100-199	0.1	200-299	0.2	300-499	0.3	500-699	0.4	700-899	0.5	900-1099	0.6	1100-1299	0.7	1300-1499	0.8	1500-1699	0.9	1700-1999	1.0	2000-2199	1.1	2200-2399	1.2	2400-2599	1.3	2600-2799	1.4	2800-2999	1.5	3000-3199	1.6	3200-3399	1.7	3400-3599	1.8	3600-3799	1.9	3800+	2.0
<u>Hours of Service</u>	<u>Years of Credited Service Earned:</u>																																												
<100	None																																												
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3600-3799	1.9																																												
3800+	2.0																																												
<b>Break in service</b>	Two consecutive years of less than 0.1 years of credited service; waived if disabled																																												

**SUMMARY OF PLAN PROVISIONS (CONT.)**

<b>Normal retirement benefit</b>	
<i>Eligibility</i>	Age 65 and the 5 <sup>th</sup> anniversary of plan participation
<i>Monthly amount</i>	\$65.00 per year of credited service. Payable for life.
<b>Early retirement benefit</b>	
<i>Eligibility</i>	Age 60 and a) 10 years of eligibility service or b) An active participant's age plus eligibility service is at least 80
<i>Monthly amount</i>	Normal reduced by 1/2 of 1% for each month under age 65. Unreduced if age 60 and age plus eligibility service is at least 80. Payable for life.
<b>Deferred vested retirement benefit</b>	
<i>Eligibility</i>	Participant or inactive participant with 5 years of vesting service. Ineligible for any other benefit.
<i>Monthly amount</i>	100% of normal, or reduced early, if eligible.
<b>Total and permanent disability benefit</b>	
<i>Eligibility</i>	Active participant who becomes totally and permanently disabled
<i>Benefit</i>	<ul style="list-style-type: none"> <li>• Less than 5 years of credited service: return of employer contributions payable immediately in a single lump sum.</li> <li>• 5-9 years of credited service: choice of deferred vested benefit payable monthly beginning the month following the month of their 65<sup>th</sup> birthday or, if equal or greater value, the return of employer contributions payable immediately in a single lump sum.</li> <li>• 10+ years of credited service: accrued normal payable monthly until earlier of age 65, early retirement age (if elected), recovery or death.</li> </ul>
<b>Optional forms of payment</b>	<ul style="list-style-type: none"> <li>• Joint and 50% Survivor*</li> <li>• Joint and 75% Survivor*</li> </ul>
	* Includes subsidized pop-up feature

**SUMMARY OF PLAN PROVISIONS (CONT.)**

<p><b>Pre-retirement surviving spouse death benefit</b>  <i>Eligibility</i></p> <p><i>Benefit</i></p>	<p>Death of active or inactive participant with at least 5 years of eligibility service, or disabled participant receiving monthly disability benefits, or retired participant whose benefits have not yet begun; with a surviving spouse.</p> <p>50% of participant's joint and 50% survivor benefit, payable monthly beginning at the participant's earliest retirement age for the surviving spouse's lifetime. If the surviving spouse is eligible to receive the 2-year temporary death benefit, these benefit payments will not begin until after the 2-year temporary death benefit has expired.</p>
<p><b>Pre-retirement death benefit 2-year temporary</b>  <i>Eligibility</i></p> <p><i>Benefit</i></p>	<p>Death of active participant with at least 5 years of eligibility service, or disabled participant receiving monthly disability benefits, or retired participant whose benefits have not yet begun.</p> <p>Normal retirement benefit, payable for 24 months or until death of spouse. If participant was single, payable in equal shares to minor children (under the age of 19) for 24 months or until death of last minor child.</p>
<p><b>Lump sum death benefit</b>  <i>Eligibility</i></p> <p><i>Benefit</i></p>	<p>Death of active participant</p> <p>\$100 per year of credited service, payable as a lump sum within 5 years of death</p>
<p><b>Post-retirement death benefit</b>  <i>Eligibility</i></p> <p><i>Monthly amount</i></p>	<p>Normal or early retirement. Not payable to deferred vested retirement.</p> <p>\$100 per year of credited service less benefits paid, payable as a lump sum within 5 years of death</p>

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions differ from those valued the preceding year in the following respects:

- Effective February 1, 2024, an active participant is eligible for an unreduced early retirement if at least age 60 and age plus years of eligibility service is at least 80.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

**ACTUARIAL ASSUMPTIONS**

The following assumptions are used throughout this report except as specifically noted herein.

<b>Valuation date</b>	February 1, 2024
<b>Interest rates</b>	
<i>ERISA rate of return used to value liabilities</i>	7.25% per year net of investment expenses
<i>Unfunded vested benefits</i>	7.25% per year net of investment expenses
<i>Current liability</i>	2.83% (in accordance with Section 431(c)(6) of the Internal Revenue Code)
<b>Operational expenses</b>	
<i>Funding</i>	\$322,875 in the 2024-25 plan year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 7.60% load was applied to the accrued liabilities for 2024 (7.60% for 2023).
<b>Loading for pop-up feature</b>	Liabilities for non-retired participants' benefits to be paid after retirement increased 0.7%; liabilities for retired participants receiving a joint and survivor form of benefit increased 1.9%.
<b>Mortality</b>	
<i>Assumed plan mortality</i>	105% for males and 110% for females of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

**ACTUARIAL ASSUMPTIONS (CONT.)**

**Withdrawal** 15% per year for first five years of participation; ultimate specimen rates shown below:

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0529
30	.0507
35	.0470
40	.0350
45	.0177
50	.0040

**Disability** 50% of 1964 OASDI table:

<u>Age</u>	<u>Disability Rate</u>
25	.0004
30	.0006
35	.0007
40	.0011
45	.0018
50	.0030
55	.0050
60	.0081

**Retirement**  
*Active lives*

According to the following schedule:

<u>Age</u>	<u>Not Index 80 eligible</u>	<u>Index 80 eligible</u>
60	.05	.60
61	.00	.60
62	.25	.60
63	.15	.60
64	.15	.60
65	.50	.60
66	1.00	1.00

Resulting in an average expected retirement age of 61.8.

*Inactive vested lives*

For those with 10 or more years of service 63 or current age, if older

For those with less than 10 years of service 65 or current age if older

*Disabled lives*

Disability benefit payable until normal retirement age

**ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Timing of decrements</b>	Middle of year
<b>Future hours worked</b>	
<i>Vested lives</i>	1,750 hours per year, 0 after assumed retirement age
<i>Non-vested lives</i>	1,150 hours per year, 0 after assumed retirement age
<i>Non-working lives</i>	0 hours per year
<b>Future hourly contribution rate</b>	\$4.86 per hour
<b>Age of participants with unrecorded birth dates</b>	Based on average entry age of participants with recorded birth dates and same vesting status.
<b>Marriage assumptions</b>	75% assumed married with the male spouse 3 years older than his wife.
<b>Optional form assumption</b>	All non-retired participants assumed to elect the life only form of benefit.
<b>Inactive vested lives over age 74</b>	Continuing inactive vested participants age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to February 1, 2020 are still assumed to be deceased.
<b>QDRO benefits</b>	Benefits to alternate payee included with participant's benefit until payment commences.
<b>Section 415 limit assumptions</b>	
<i>Dollar limit</i>	\$275,000 per year
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 75% survivor annuity.
<b>Benefits not valued</b>	<ul style="list-style-type: none"> <li>• Pre-retirement death benefits following disability.</li> <li>• Pre-retirement death benefits following withdrawal for active participants.</li> </ul>
<b>Benefits vested</b>	<p>No death benefits are vested.</p> <p>Early retirement subsidies are considered vested when participant reaches age 60 and has 10 years of vesting service</p>

**RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS**

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2023 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 7.25%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

**Mortality**

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a multiplier of 105% for males and 110% for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022.

**Retirement**

Actual rates of retirement by age were last studied for the period February 1, 2016 to January 31, 2021. The assumed future rates of retirement were selected based on the results of this study. A new retirement rate was added for those eligible for the Index 80 benefit based on anticipated experience.

**RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Withdrawal</b>	Actual rates of withdrawal by age were last studied for the period February 1, 2015 to January 31, 2020. No further adjustments were deemed necessary at this time.
<b>Future hours worked</b>	Total future hours worked for projections are based on Trustees' decision with the most recent PPA certification.

**ACTUARIAL METHODS**

<p><b>Funding method</b>  <i>ERISA Funding</i></p>	Individual entry age normal with costs spread as a level dollar amount over service
<p><i>Funding period</i></p>	Individual entry age normal with costs spread as a level dollar amount over service
<p><b>Population valued</b>  <i>Actives</i></p>	Eligible employees with at least one hour during the preceding two plan years. Active employees with no hours in the immediately preceding plan year are considered 'not working'.
<p><i>Inactive vested</i></p>	Vested participants with no hours during the preceding two plan years.
<p><i>Retirees</i></p>	Participants and beneficiaries in pay status as of the valuation date.
<p><i>Participants not reported</i></p>	Inactive non-vested participants with less than 100 hours worked are not reported in the data.
<p><b>Asset valuation method</b>  <i>Actuarial value</i></p>	Smoothed market value without phase-in effective January 1, 2008. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<p><i>Unfunded vested benefits</i></p>	For the presumptive method, market value is used.

**IBEW LOCAL UNION No. 58**  
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**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2023 SCHEDULE MB: LINE 11**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- A new assumption was added for the rate of retirement for those eligible for the Index 80 benefit.
- The current liability interest rate was changed from 2.20% to 2.83%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 8**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments***

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

***Schedule MB, line 8b(2) - Schedule of Active Participant Data***

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

***Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments***

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached February 1, 2024 PPA certification.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data  
 IBEW 58 Sound and Communications Division EIN: 38-6233909/PN: 002  
 February 1, 2024

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<b>Under 25</b>	35	47	1	0	0	0	0	0	0	0
<b>25 to 29</b>	13	38	26	0	0	0	0	0	0	0
<b>30 to 34</b>	6	32	49	6	0	0	0	0	0	0
<b>35 to 39</b>	13	27	34	10	9	0	0	0	0	0
<b>40 to 44</b>	6	20	42	19	21	15	0	0	0	0
<b>45 to 49</b>	5	15	34	19	24	36	14	1	0	0
<b>50 to 54</b>	3	11	15	8	23	37	23	3	0	0
<b>55 to 59</b>	1	5	9	8	15	21	10	3	4	0
<b>60 to 64</b>	1	3	10	6	9	9	5	5	3	0
<b>65 to 69</b>	1	0	0	4	1	0	0	1	1	0
<b>70 &amp; up</b>	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 8**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments***

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

***Schedule MB, line 8b(2) - Schedule of Active Participant Data***

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

***Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments***

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached February 1, 2024 PPA certification.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments  
 IBEW 58 Sound and Communications Division EIN: 38-6233909/PN: 002  
 February 1, 2024

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments				
Plan Year Beginning	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 308,912	\$ 420,280	\$ 1,767,821	\$ 2,497,013
2025	724,659	507,722	1,733,515	2,965,896
2026	1,064,858	648,593	1,700,061	3,413,512
2027	1,336,461	732,099	1,664,415	3,732,975
2028	1,579,985	793,087	1,626,262	3,999,334
2029	1,823,520	864,288	1,585,857	4,273,665
2030	2,114,907	901,411	1,542,993	4,559,311
2031	2,465,332	950,444	1,534,325	4,950,101
2032	2,781,598	1,039,025	1,486,114	5,306,737
2033	3,072,974	1,129,615	1,435,720	5,638,309
2034	3,396,873	1,198,387	1,383,295	5,978,555
2035	3,688,249	1,268,077	1,328,719	6,285,045
2036	3,926,888	1,362,772	1,272,313	6,561,973
2037	4,166,438	1,484,790	1,214,240	6,865,468
2038	4,420,365	1,544,975	1,154,785	7,120,125
2039	4,656,827	1,631,959	1,093,887	7,382,673
2040	4,861,492	1,683,765	1,031,857	7,577,114
2041	5,007,395	1,713,604	968,922	7,689,921
2042	5,109,590	1,787,277	905,404	7,802,271
2043	5,187,197	1,810,590	841,511	7,839,298
2044	5,225,123	1,807,715	777,632	7,810,470
2045	5,222,631	1,823,960	714,141	7,760,732
2046	5,193,273	1,814,630	651,453	7,659,356
2047	5,150,409	1,771,447	590,016	7,511,872
2048	5,084,427	1,727,078	530,305	7,341,810
2049	5,008,394	1,666,599	472,809	7,147,802
2050	4,918,078	1,596,735	418,010	6,932,823
2051	4,817,814	1,529,828	366,361	6,714,003
2052	4,701,451	1,466,999	318,238	6,486,688
2053	4,573,925	1,397,507	273,937	6,245,369
2054	4,453,121	1,321,198	233,649	6,007,968
2055	4,304,825	1,244,595	197,453	5,746,873
2056	4,137,062	1,175,415	165,330	5,477,807
2057	3,979,965	1,104,448	137,175	5,221,588
2058	3,800,027	1,035,255	112,810	4,948,092
2059	3,612,193	960,583	91,988	4,664,764
2060	3,417,781	891,303	74,417	4,383,501
2061	3,217,220	819,331	59,771	4,096,322
2062	3,013,173	755,420	47,702	3,816,295
2063	2,809,150	687,274	37,862	3,534,286
2064	2,608,748	621,533	29,909	3,260,190
2065	2,412,038	558,521	23,531	2,994,090
2066	2,220,479	498,554	18,447	2,737,480
2067	2,033,664	441,915	14,414	2,489,993
2068	1,854,327	388,869	11,223	2,254,419
2069	1,683,578	339,635	8,707	2,031,920
2070	1,522,150	294,376	6,725	1,823,251
2071	1,370,933	253,199	5,166	1,629,298
2072	1,230,240	216,132	3,941	1,450,313
2073	1,100,156	183,131	2,979	1,286,266

**IBEW LOCAL UNION No. 58**  
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**ATTACHMENT TO 2024 SCHEDULE MB: LINE 8**  
**STATEMENT BY ENROLLED ACTUARY**

---

***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments***

Attached is the required Schedule of Projection of Expected Benefit Payments from the most recent actuarial valuation.

***Schedule MB, line 8b(2) - Schedule of Active Participant Data***

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

***Schedule MB, line 8b(3) - Schedule of Projection of Expected Contributions and EWL Payments***

Attached are the required projected expected contributions and EWL payments. These projections are based on the assumptions used in the attached February 1, 2024 PPA certification.

Schedule MB, Line 8b(3) - Schedule of Employer Contributions and Withdrawal Liability  
 Payments  
 IBEW 58 Sound and Communications Division EIN: 38-6233909/PN: 002  
 February 1, 2024

<b>Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments</b>			
<b>Plan Year Beginning</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024	\$ 6,204,000	\$ 0	\$ 6,204,000
2025	6,204,000	0	6,204,000
2026	6,204,000	0	6,204,000
2027	6,204,000	0	6,204,000
2028	6,204,000	0	6,204,000
2029	6,204,000	0	6,204,000
2030	6,204,000	0	6,204,000
2031	6,204,000	0	6,204,000
2032	6,204,000	0	6,204,000
2033	6,204,000	0	6,204,000

**IBEW LOCAL UNION No. 58**  
**SOUND AND COMMUNICATIONS DIVISION RETIREMENT PLAN**  
**EIN: 38-6233909/PN: 002**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 9**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases***

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

**Appendix C - Minimum Funding Amortization Bases**  
**IBEW 58 Sound and Communications Division**  
**February 1, 2024 Actuarial Valuation**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		2/1/2024 Outstanding Balance	2/1/2024 Amortization Payment
				Years	Months		
<b>Charges</b>							
2/1/1998	Assumption change		30	4	0	46,658	12,915
2/1/1998	Plan amendment		30	4	0	29,813	8,253
2/1/1999	Plan amendment		30	5	0	318,695	72,959
2/1/2000	Assumption change		30	6	0	176,325	34,759
2/1/2002	Plan amendment		30	8	0	374,639	59,067
2/1/2003	Assumption change		30	9	0	367,702	53,184
2/1/2004	Plan amendment		30	10	0	345,672	46,421
2/1/2010	Plan amendment		15	1	0	64,554	64,554
2/1/2011	Experience loss		15	2	0	128,149	66,316
2/1/2012	Assumption change		15	3	0	375,236	133,928
2/1/2012	Experience loss		15	3	0	203,166	72,514
2/1/2013	Assumption change		15	4	0	22,294	6,171
2/1/2013	Experience loss		15	4	0	129,573	35,870
2/1/2014	Assumption change		15	5	0	562,207	128,705
2/1/2015	Assumption change	598,102	15	6	0	316,844	62,458
2/1/2016	Assumption change	78,145	15	7	0	46,718	8,153
2/1/2016	Experience loss	1,678,328	15	7	0	1,003,366	175,108
2/1/2016	Plan amendment	512,439	15	7	0	306,354	53,465
2/1/2017	Experience loss	1,394,139	15	8	0	921,793	145,333
2/1/2018	Assumption change	123,686	15	9	0	89,072	12,883
2/1/2018	Experience loss	1,412,056	15	9	0	1,016,886	147,079
2/1/2018	Plan amendment	683,423	15	9	0	492,165	71,185
2/1/2019	Assumptions	430,530	15	10	0	333,659	44,808
2/1/2019	Experience	1,725,283	15	10	0	1,337,100	179,560
2/1/2019	Plan Changes	6,949,607	15	10	0	5,385,958	723,287
2/1/2020	Amendment Loss	321,407	15	11	0	265,497	33,425
2/1/2020	Assumptions Loss	4,385,765	15	11	0	3,622,842	456,098
2/1/2020	Experience	1,693,054	15	11	0	1,398,540	176,069
2/1/2022	Assumptions	55,434	15	13	0	50,949	5,765
2/1/2022	Experience	424,778	15	13	0	390,412	44,175
2/1/2023	Experience Loss	1,184,945	15	14	0	1,138,692	123,228
2/1/2024	Amendment	9,389,441	15	15	0	9,389,441	976,455
2/1/2024	Experience Loss	1,471,898	15	15	0	1,471,898	153,070

**Appendix C - Minimum Funding Amortization Bases  
IBEW 58 Sound and Communications Division  
February 1, 2024 Actuarial Valuation**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		2/1/2024 Outstanding Balance	2/1/2024 Amortization Payment
				Years	Months		
				<b>Total Charges:</b>		<b>32,122,869</b>	<b>4,387,220</b>
 <b>Credits</b>							
2/1/1995	Assumption change		30	1	0	36,866	36,866
2/1/2005	Plan amendment		30	11	0	1,208	152
2/1/2010	Experience gain		15	1	0	174,094	174,094
2/1/2014	Experience gain		15	5	0	10,041	2,299
2/1/2015	Experience gain	31,618	15	6	0	16,749	3,302
2/1/2017	Assumption change	1,099,101	15	8	0	726,717	114,577
2/1/2021	Assumptions	322,483	15	12	0	281,915	33,537
2/1/2021	Experience	166,775	15	12	0	145,795	17,344
2/1/2023	Assumptions	92,826	15	14	0	89,203	9,653
				<b>Total Credits:</b>		<b>1,482,588</b>	<b>391,824</b>
				<b>Net Charges:</b>		<b>30,640,281</b>	<b>3,995,396</b>
				<b>Less Credit Balance:</b>		20,461,752	
				<b>Less Reconciliation Balance:</b>		0	
				<b>Unfunded Actuarial Liability:</b>		<b>10,178,529</b>	